

# GENERAL FACT SHEET

BILL NUMBER 03-139

BRIEF TITLE

APPROVED DEADLINE

REASON

Amending Pay Schedule

## DETAILS

## POSITIONS/RECOMMENDATIONS

<p>Request for an ordinance amending the pay schedule for a certain employee group by creating the following classification:</p> <table border="0"> <tr> <td>CLASS CODE</td> <td>CLASS TITLE</td> <td>PROPOSED PAY RANGE</td> </tr> <tr> <td>1326</td> <td>Workers' Compensation Claims Coordinator</td> <td>(M01) \$36,957.44-\$59,132.32</td> </tr> </table>	CLASS CODE	CLASS TITLE	PROPOSED PAY RANGE	1326	Workers' Compensation Claims Coordinator	(M01) \$36,957.44-\$59,132.32	Sponsor	Personnel Dept.
CLASS CODE	CLASS TITLE	PROPOSED PAY RANGE						
1326	Workers' Compensation Claims Coordinator	(M01) \$36,957.44-\$59,132.32						
Program Departments, or Groups Affected	Personnel Dept.							
Applicants/Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>							
Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>							
<p>Discussion (Including Relationship to other Council Actions)</p>	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against						
	Board or Commission Recommendation	BY Personnel Board <input checked="" type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)						
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass						

### **POLICY/PROGRAM IMPACT**

REFERENCE NUMBER